PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 065 1-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pap	erwork Reduction PATENT API	Act of 19	95, no perso ION FEI	ns are r	equired to respo	ond to	U.S. Patent and a collection of	d Trademark	Office; U	through 7/31/20 I.S. DEPARTMEN displays a valid C	06, OMB 065 1 NT OF COMME OMB control nur	
Substitute for Form PTO-875									Ар	plication of Doctor	10/13	
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PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR	x s =		
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If the entry in colu If the "Highest Nu If the "Highest Nur	mn 1 is less than	the entry	in column 2,	write "(O" in column 3.	AD	D.r LEE		OR	TOTAL ADD'L FEE		

The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the use including gathering, preparing, and submitting the completed application form to the USPTO Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS